

JC20 Rec'd PCT/PTO 10 JUN 2005

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	METHODS FOR DIAGNOSING AND TREATING SCHIZOPHRENIA
Attorney Docket Number::	BUXTON1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Francis

Middle Name::	Paul
Family Name::	BUXTON
Name Suffix::	
City of Residence::	Winchester
State or Province of Residence::	Massachusetts
Country of Residence::	United States
Street of Mailing Address::	376 Highland Avenue
City of Mailing Address::	Winchester
State or Province of Mailing Address::	Massachusetts
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	01890
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	William
Middle Name::	Twitty
Family Name::	CARPENTER
Name Suffix::	
City of Residence::	Columbia
State or Province of Residence::	Maryland
Country of Residence::	United States
Street of Mailing Address::	11018 Thistlebrook Court
City of Mailing Address::	Columbia
State or Province of Mailing Address::	Maryland
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	21044
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Rosalinda
Middle Name::	Cusido
Family Name::	ROBERTS
Name Suffix::	

City of Residence:: Columbia
 State or Province of Residence:: Maryland
 Country of Residence:: United States
 Street of Mailing Address:: 5985 Gales Lane
 City of Mailing Address:: Columbia
 State or Province of Mailing Address:: Maryland
 Country of Mailing Address:: United States
 Postal or Zip Code of Mailing Address:: 21045
 Applicant Authority Type:: Inventor
 Primary Citizenship Country:: United States
 Status:: Full Capacity
 Given Name:: Carol
 Middle Name:: Ann
 Family Name:: TAMMINGA
 Name Suffix::

City of Residence:: Dallas
 State or Province of Residence:: Texas
 Country of Residence:: United States
 Street of Mailing Address:: 5510 Nakoma
 City of Mailing Address:: Dallas
 State or Province of Mailing Address:: Texas
 Country of Mailing Address:: United States
 Postal or Zip Code of Mailing Address:: 75209

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/EP03/014089	12-11-03
PCT/EP03/014089	Appln claiming benefit of 35 USC 119(e)	60/432,853	12-12-02

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

1) Assignment Information

Assignee Name:: Novartis AG
Street of Mailing Address:: Lichtstrasse 35
City of Mailing Address:: Basel
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4056

2) Assignment Information

Assignee Name:: University of Maryland
Street of Mailing Address:: 520 West Lombard Street
City of Mailing Address:: Baltimore
State or Province of Mailing Address:: Maryland
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 21201